

16/800189

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILED DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				51
2		1		1			52
3		2		2			53
4		1		1			54
5		2		2			55
6		2		2			56
7		2		2			57
8		2		2			58
9		2		2			59
10		2		2			60
11		2		2			61
12		1		1			62
13		2		2			63
14	1		1				64
15		1		1			65
16		1		1			66
17		1		1			67
18	1		1				68
19		1		1			69
20		1		1			70
21	1		1				71
22	1		1				72
23	1		1				73
24		1		1			74
25	1		1				75
26							76
27				1			77
28				7			78
29				7			79
30				2			80
31				2			81
32				2			82
33				2			83
34				2			84
35				2			85
36				2			86
37				1			87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	7		8				TOTAL IND.
TOTAL DEP.	27		40				TOTAL DEP.
TOTAL CLAIMS	34		48				TOTAL CLAIMS